Neuropsychological Functioning in Children with Posttraumatic Stress Disorder.

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Posttraumatic stress disorder (PTSD) has been associated with deficits in the areas of verbal memory and learning, executive functioning, working memory, and attention in adults. Findings have been less consistent in the few studies examining neuropsychological functioning in childhood PTSD, which are often limited by comparing children with PTSD to children without trauma histories, making it unclear whether observed neuropsychological deficits are related to trauma exposure or to PTSD symptomatology. In an ethnically diverse sample of 62 children who witnessed intimate partner violence (n = 27 PTSD+ and 35 PTSD-), children with PTSD exhibited slower and less effective learning, heightened sensitivity to interference, and impaired effect of rehearsal on memory acquisition on the California Verbal Learning Test - Children's Version, a word list learning task. Both groups performed in the below average range on measures of executive functioning, attention, and intellectual ability.

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2: J Nerv Ment Dis. 2009 Sep;197(9):646-54.
A review of dissociative disorders treatment studies.

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This review examines empirical reports of treatment for Dissociative Disorders (DD), including 16 DD treatment outcome studies and 4 case studies that used standardized measures. Collectively, these reports suggest that treatment for DD is associated with decreased symptoms of dissociation, depression, posttraumatic stress disorder, distress, and suicidality. Effect sizes, based on pre/post measures, are in the medium to large range across studies. Patients with dissociative disorder who integrated their dissociated self states were found to have reduced symptomatology compared with those who did not integrate. The magnitude of pre/post effect sizes for these DD studies are comparable to pre/post effect sizes in treatment studies of complex PTSD. There are significant methodological limitations in the current DD treatment outcome literature that reduce internal and external validity including regression towards the mean, limited sample sizes, and nonrandomized research designs. Implications for future research and treatment planning for patients suffering from DD are discussed.

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3: J Psychiatr Res. 2009 Sep 12. [Epub ahead of print]
Increased DHEA and DHEA-S plasma levels in patients with post-traumatic stress disorder and a history of childhood abuse.

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Current findings about dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulphate (DHEA-S) in patients with post-traumatic stress disorder (PTSD) have been inconsistent. We investigated whether a history of severe childhood traumatisation affects these steroids in PTSD patients. Patients of 33 with chronic PTSD (15 with and 18 without sexual and/or severe physical abuse before age 12) were studied in a combined low dose dexamethasone/corticotropin-releasing hormone (CRH) test. Mean pre-CRH levels of both plasma DHEA and DHEA-S were significantly increased in the subgroup with childhood abuse, the respective ratios with plasma cortisol were significantly lower. In the entire population of PTSD patients significant amounts of the variation of these parameters could be explained by childhood trauma history. Further studies are needed to clarify the potential role of DHEA and DHEA-S as biomarkers for severe early adverse events in patients suffering from PTSD and in other stress-related disorders.

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BACKGROUND: On December 26, 2004, a tsunami hit the southern coast of Sri Lanka, leaving thousands dead and injured. Previous research has found significant mental health problems among children exposed to major disasters. School-based universal interventions have shown promise in alleviating distress and posttraumatic symptomatology in children and adolescents. This study evaluated the efficacy of a school-based intervention in reducing stress-related symptomatology among Sri Lankan children exposed to the tsunami. METHODS: In a quasi-randomized controlled trial 166 elementary school students (ages 9-15) with significant levels of tsunami exposure and previous traumatic background were randomly assigned to a 12-session structured program 'ERASE Stress Sri Lanka' (ES-SL) or to a waiting list (WL) religious class control group. Students were assessed 1 week prior and 3 months after the intervention on measures of posttraumatic symptomatology [including posttraumatic stress disorder (PTSD) and severity of posttraumatic symptomatology], depression, functional problems, somatic problems and hope. RESULTS: This study shows a significant reduction on all outcome variables. PTSD severity, functional problems, somatic complaints, depression and hope scores were all significantly improved in the ES-SL group compared to the WL group. No new cases of PTSD were observed in the experimental group. CONCLUSION: This study adds to the growing body of evidence suggesting the efficacy of school-based universal approaches in helping children in regions touched by war, terror and disaster and suggests the need to adopt a two-stage approach toward dealing with trauma-exposed students, namely, starting with a universal intervention followed by targeted specialized interventions for those still suffering from posttraumatic distress. Copyright 2009 S. Karger AG, Basel.

PMID: 19738402 [PubMed - in process]

A longitudinal study of posttraumatic stress reactions in Norwegian children and adolescents exposed to the 2004 tsunami.

Jensen TK, Dyb G, Nygaard E.
OBJECTIVE: To investigate the prevalence of symptoms of posttraumatic stress disorder (PTSD) and factors related to level of these in children who experienced a catastrophe as tourists and were therefore able to return to the safety of their homeland. DESIGN: Face-to-face semistructured interviews and assessments. SETTING: Children and adults were interviewed in their homes 10 months and 2(1/2) years after the tsunami. PARTICIPANTS: A volunteer sample of adults and children aged 6 to 17 years who were exposed to the 2004 tsunami (at 10 months, 133 children and 84 parents; at 2(1/2) years, 104 children and 68 parents). Main Exposure The tsunami in Southeast Asia on December 26, 2004. OUTCOME MEASURES: University of California, Los Angeles (UCLA) PTSD Reaction Index. RESULTS: Two children had scores indicative of PTSD at 10 months. There was a significant decrease in symptoms after 2(1/2) years, and no children had scores exceeding the clinical cutoff at this time. Only the death of a family member and subjective distress were independently and significantly associated with PTSD scores at 10 months, whereas sex, need for professional mental health services prior to the tsunami, and parental sick leave owing to the tsunami were independent predictors of PTSD symptoms at follow-up. CONCLUSIONS: The children reported fewer symptoms of PTSD compared with children in other disaster studies. Predictor variables changed from disaster-related subjective distress to factors related to general mental health at follow-up. The findings indicate the importance of secondary adversities and pretrauma functioning in the maintenance of posttraumatic stress reactions.

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Comment in:
Violence, suffering, and mental health in Afghanistan: a school-based survey.

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BACKGROUND: Studies in Afghanistan have shown substantial mental health problems in adults. We did a survey of young people (11-16 years old) in the country to assess mental health, traumatic experiences, and social functioning. METHODS: In 2006, we interviewed 1011 children, 1011 caregivers, and 358 teachers, who were randomly sampled in 25 government-operated schools within three purposively chosen areas (Kabul, Bamyan, and Mazar-e-Sharif municipalities). We assessed probable psychiatric disorder and social functioning in students with the Strength and Difficulties Questionnaire multi-informant (child, parent, teacher) ratings. We also used the Depression Self-Rating Scale and an Impact of Events Scale. We assessed caregiver mental health with both international and culturally-specific screening instruments (Self-Reported Questionnaire and Afghan Symptom Checklist). We implemented a checklist of traumatic events to examine the exposure to, and nature of, traumatic experiences. We analysed risk factors for mental health and reports of traumatic experiences. FINDINGS: Trauma exposure and caregiver mental health were predictive across all child outcomes. Probable psychiatric ratings were associated with female gender (odds ratio [OR] 2.47, 95% CI 1.65-3.68), five or more traumatic events (2.58, 1.36-4.90), caregiver mental health (1.11, 1.08-1.14), and residence areas (0.29, 0.17-0.51 for Bamyan and
0.37, 0.23-0.57 for Mazar-e-Sharif vs Kabul). The same variables predicted symptoms of depression. Two thirds of children reported traumatic experiences. Symptoms of post-traumatic stress were associated with five or more traumatic events (3.07, 1.78-5.30), caregiver mental health (1.06, 1.02-1.09), and child age (1.19, 1.04-1.36). Children's most distressing traumatic experiences included accidents, medical treatment, domestic and community violence, and war-related events. INTERPRETATION: Young Afghans experience violence that is persistent and not confined to acts of war. Our study emphasises the value of school-based initiatives to address child mental health, and the importance of understanding trauma in the context of everyday forms of suffering, violence, and adversity.

FUNDING: Wellcome Trust.

PMID: 19699514 [PubMed - indexed for MEDLINE]

A spiritual-hypnosis assisted treatment of children with PTSD after the 2002 Bali terrorist attack.

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The aim of this study was to assess the effectiveness of a spiritual-hypnosis assisted therapy (SHAT) for treatment of posttraumatic stress disorder (PTSD) in children. All children, age 6-12 years (N=226; 52.7% females), who experienced the terrorist bomb blasts in Bali in 2002, and subsequently were diagnosed with PTSD were studied, through a longitudinal, quasi-experimental (pre-post test), single-blind, randomized control design. Of them, 48 received group SHAT (treatment group), and 178 did not receive any therapy (control group). Statistically significant results showed that SHAT produced a 77.1% improvement rate, at a two-year follow up, compared to 24% in the control group, while at the same time, the mean PTSD symptom score differences were significantly lower in the former group. We conclude that the method of spiritual-hypnosis is highly effective, economic, and easily implemented, and has a potential for therapy of PTSD in other cultures or other catastrophic life-threatening events.

PMID: 19678557 [PubMed - indexed for MEDLINE]

Childhood sexual abuse, PTSD, and borderline personality disorder. Understanding the connections.

Schwecke LH.

PMID: 19678470 [PubMed - indexed for MEDLINE]

Psychosocial interventions for children and adolescents in foster care: review of research literature.

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Between one-half and three-fourths of children entering foster care exhibit behavioral or social-emotional problems warranting mental health care. This
paper, condensed and updated from a technical report prepared for Casey Family Programs in 2005, reviews evidence-based and promising interventions for the most prevalent mental conditions found among children in foster care. This paper also makes several recommendations regarding increasing access to mental health care and effective psychosocial interventions for foster care children.

PMID: 19653453 [PubMed - indexed for MEDLINE]

Epidemiology of child traumatic stress.

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In this article, we present an update on epidemiologic research that addresses the scope and impact of children's exposure to traumatic events in daily living, as well as under special circumstances, such as natural disasters. Toward this end, we provide an overview of the findings of key selected studies that estimate the prevalence of children's exposure to trauma and associated developmental, functional, mental, and physical health problems. Over the past few years, epidemiologic research on child traumatic stress has demonstrated that children's exposure to traumatic events is more common than once thought and that children exposed to multiple traumatic events are at a substantially greater risk for a wide range of adverse mental and physical health problems than children who have not suffered cumulative traumatic experiences. These findings have important implications for the provision of mental health and medical services to children and adolescents who have experienced child traumatic stress.

PMID: 19635237 [PubMed - indexed for MEDLINE]

Surviving child sexual abuse: the relevance to dental practice.

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Child sexual abuse (CSA) occurs in all communities, ethnic backgrounds, religions, cultures, social and economic classes, and is experienced by both males and females. The physical and psychological effects of CSA have significant effects on adult health outcomes. Parallels have been drawn between the physical and emotional environment of dental treatment and features of the CSA experience. Consequently, adult survivors of CSA can find it difficult to tolerate dental treatment, and may repeatedly cancel dental appointments or avoid dental treatment altogether. Awareness of patient characteristics in the dental setting that indicate past CSA include discomfort with body positioning, dislike of being touched, sense of loss of control, fear of judgement and sensitivity to perceived criticism, sensitivity to particular smells and sensitivity to having instruments in the mouth. Some aspects of the dental environment and dental treatment can act as 'triggers' that can take survivors of CSA back to the emotions associated with that event. An understanding of the fears and anxieties this can cause in the dental setting allows the dental team to help the individual cope with the dental experience, improving it for both the patient and the provider. The development of general strategies that foster establishing a positive rapport, sharing
control and treating the individual as a partner in the healthcare relationship can cultivate a positive dental experience that can have far reaching effects.

CLINICAL RELEVANCE: The prevalence of child sexual abuse (CSA) is surprisingly high, so adults who have experienced CSA can find it difficult to tolerate dental treatment, and may repeatedly cancel dental appointments or avoid dental treatment altogether.

PMID: 19585853 [PubMed - indexed for MEDLINE]

Risperidone treatment of an adolescent with severe posttraumatic stress disorder.

Keeshin BR, Strawn JR.

PMID: 19584378 [PubMed - indexed for MEDLINE]

Knowing kids dying of HIV: a traumatic event for AIDS orphans.

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Data from 755 AIDS orphans living in a rural area of China with high rates of HIV infection were used to examine the association between a child's trauma symptoms and knowing a peer with HIV infection or one who had died of HIV. Trauma symptoms were measured by the Traumatic Symptoms Checklist for Children-Chinese Version (TSCC-CV). About 47% of participants reported they knew a child with HIV or one who had died of HIV. More orphans living in family-based care reported such knowledge, and trauma symptoms were significantly higher in children who reported such knowledge. Multivariate analysis showed that such knowledge was significantly associated with traumatic symptoms, controlling for gender, age, family socioeconomic status, orphan status (double vs. single), and care arrangement (family-based vs. institutional care). The results underscored the importance of psychosocial support and counseling to orphans in communities with high levels of HIV-related mortality.

PMID: 19576544 [PubMed - indexed for MEDLINE]

Complex trauma among psychiatrically impaired children: a cross-sectional, chart-review study.

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OBJECTIVE: To identify subgroups of severely psychiatrically impaired children on the basis of the complexity of their histories of exposure to abuse and other potential traumatic stressors, and to examine the relationship of complex trauma histories to DSM-IV-TR psychiatric diagnoses. METHOD: In a sample of 397 consecutive inpatient child psychiatry admissions, cluster analysis was used to identify subgroups on the basis of measures of documented physical or sexual abuse, parental impairment (arrest, violence, and/or substance use), and disrupted attachment (ie, out-of-home placement). Data were collected for the years 1992 through 2002. RESULTS: Four subgroups were identified. Two "low
“complex trauma” subgroups were characterized by histories of either physical abuse or sexual abuse with multiple perpetrators, as well as extensive out-of-home placement and severe parental impairment. All subgroups had similar profiles of psychiatric diagnoses. Complex trauma status was associated with behavior problem severity and lower body mass index over and above the effects of psychiatric diagnoses, gender, and ethnicity. Although abuse history was a factor in subgroup membership, the multiple out-of-home placements variable was the most consistent correlate of externalizing and internalizing problems and psychosocial impairment. CONCLUSIONS: Childhood adversity that may constitute complex trauma was associated with externalizing behavior problems and psychosocial impairment among psychiatically hospitalized children, and this association cannot be accounted for fully by existing psychiatric diagnoses, gender, or ethnicity. 2009 Physicians Postgraduate Press, Inc.

PMID: 19573498 [PubMed - indexed for MEDLINE]

What research tells us about the mental health and psychosocial wellbeing of Sudanese refugees: a literature review.

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Sudan has long been one of the world's chief refugee-producing nations. Many researchers and practitioners have developed considerable interest in culturally-specific information on the mental health and wellbeing of Sudanese refugees. In this selective review of studies with Sudanese refugees, on mental health and psychosocial wellbeing, coping strategies and interventions, most quantitative studies found high rates of psychopathology, particularly PTSD and depression. However, some studies using mixed methods cautioned that while many Sudanese refugees have symptoms of traumatic stress, their functioning was not necessarily reduced, and they themselves often reported more concern with current stressors such as family problems than with past trauma. Some qualitative studies suggest that many Sudanese refugees use coping strategies such as silence, stoicism, and suppression. Few studies were available regarding appropriate interventions for Sudanese refugees and it remains unclear which aspects of standard treatments used by western-trained mental health practitioners may be beneficial for members of this population.

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Depression and anxiety in labor migrants and refugees--a systematic review and meta-analysis.

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Prevalence rates of depression and anxiety among migrants (i.e. refugees, labor migrants) vary among studies and it's been found that prevalence rates of depression and anxiety may be linked to financial strain in the country of immigration. Our aim is to review studies on prevalence rates of depression
and/or anxiety (acknowledging that Post-traumatic Stress Disorder (PTSD) is within that class of disorders), and to evaluate associations between the Gross National Product (GNP) of the immigration country as a moderating factor for depression, anxiety and PTSD among migrants. We carried out a systematic literature review in the databases MEDLINE and EMBASE for population based studies published from 1990 to 2007 reporting prevalence rates of depression and/or anxiety and or PTSD according to DSM- or ICD- criteria in adults, and a calculation of combined estimates for proportions using the DerSimonian-Laird estimation. A total of 348 records were retrieved with 37 publications on 35 populations meeting our inclusion criteria. 35 studies were included in the final evaluation. Our meta-analysis shows that the combined prevalence rates for depression were 20 percent among labor migrants vs. 44 percent among refugees; for anxiety the combined estimates were 21 percent among labor migrants vs. 40 percent among (n=24,051) refugees. Higher GNP in the country of immigration was related to lower symptom prevalence of depression and/or anxiety in labor migrants but not in refugees. We conclude that depression and/or anxiety in labor migrants and refugees require separate consideration, and that better economic conditions in the host country reflected by a higher GNP appear to be related to better mental health in labor migrants but not in refugees.

PMID: 19539414 [PubMed - indexed for MEDLINE]

A 6-month follow-up study of posttraumatic stress and anxiety/depressive symptoms in Korean children after direct or indirect exposure to a single incident of trauma.

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OBJECTIVES: The aims of this study were to examine the symptoms of posttraumatic stress and anxiety/depression in Korean children after direct or indirect exposure to a single incident of trauma during a fire-escape drill and to assess the incidence of psychiatric disorders in this population. METHOD: A total of 1,394 students who attended the elementary school at which the traumatic event took place were evaluated using self-administered questionnaires (the Child Posttraumatic Stress Disorder-Reaction Index [CPTSD-R], State Anxiety Scale of the State-Trait Anxiety Inventory for Children [STAIC], and Children's Depression Inventory [CDI]), as well as structured diagnostic interviews (Diagnostic Interview Schedule for Children, Version-IV [DISC-IV]) at 2 days (time point 1), 2 months (time point 2), and 6 months (time point 3) after the incident. The 335 students who witnessed the accident were defined as the direct-exposure group, and the remaining students (n = 1,059) were defined as the indirect-exposure group. The study was conducted from May to November 2007. RESULTS: At time point 1, the prevalence of severe posttraumatic stress disorder (PTSD), anxiety, and depressive symptoms was 18.2%, 5.5%, and 3.4%, respectively. The prevalence of severe PTSD symptoms, as measured by the CPTSD-R, was significantly higher in the direct-exposure group than in the indirect-exposure group (36.6% vs 12.7%, respectively; P < .001). At time point 2, the prevalence of severe PTSD symptoms was 7.4% (14.0% in the direct-exposure group and 4.9% in the indirect-exposure group, P < .001). The mean total CPTSD-R score was significantly higher (P < .001) in the direct-exposure group than in the indirect-exposure group. At time point 3, thirty-eight of the 58 subjects (65.5%) evaluated with the DISC-IV in the direct-exposure group had 1 or more of the 7 anxiety/depressive disorders assessed, including subthreshold diagnoses. Among the diagnoses meeting full
DSM-IV criteria for each disorder, agoraphobia was the most prevalent (22.4%), followed by generalized anxiety disorder (13.8%), separation anxiety disorder (6.9%), PTSD (5.2%), and social phobia (5.2%). When the subthreshold diagnoses were considered along with the full syndrome diagnoses, separation anxiety disorder was the most common diagnosis (41.4%), followed by agoraphobia (34.5%), obsessive-compulsive disorder (22.4%), PTSD (20.7%), and social phobia (20.7%).

CONCLUSIONS: The results of this study provide important evidence that various anxiety/depressive disorders, in addition to PTSD, might follow after direct or indirect exposure to trauma. Our findings highlight the importance of comprehensive screening for psychiatric problems in children exposed to trauma of any scale. 2009 Physicians Postgraduate Press, Inc.

PMID: 19538906 [PubMed - indexed for MEDLINE]

Disturbances of attachment and parental psychopathology in early childhood.

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As the field of attachment has expanded over the past four decades, the perturbations in the relational context which give rise to disturbances of attachment are increasingly, though by no means conclusively, understood. In Part I, this article reviews the historical and current state of research regarding normative attachment classification, the diagnosis of Reactive Attachment Disorder, and the proposed categories of Secure Base Distortions and Disrupted Attachment Disorder. In Part II, the article explores the role of parental psychopathology and the manner in which disturbed caregiver self-regulation leads to disturbances in the mutual regulation between caregiver and infant. The question of the relationship between particular types of maternal pathology and particular forms of attachment disturbance is examined through recent research on the association between maternal posttraumatic stress disorder (PTSD), Atypical Maternal Behavior, and child scores on the Disturbances of Attachment Interview (DAI). The authors present original research findings to support that the presence and severity of maternal violence-related PTSD were significantly associated with secure base distortion in a community pediatrics sample of 76 mothers and preschool-age children. Clinical implications and recommendations for treatment of attachment disturbances conclude the article.

PMID: 19486844 [PubMed - indexed for MEDLINE]

Event trauma in early childhood: symptoms, assessment, intervention.

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Expanding research over the last two decades has documented that very young children's responses to an event trauma will involve the same three basic categories of posttraumatic symptomatology observed in older children and adults that is, reexperiencing, numbing/avoidance, and hyperarousal. The ways in which these three symptom clusters will be manifested in very young children and recent
Progress in the establishment of developmentally sensitive and reliable criteria for the diagnosis of posttraumatic stress disorder (PTSD) in this age group are described. In addition to PTSD symptomatology, three additional factors that differentiate young children's responses to a trauma from those of older children and adults—their cognitive immaturity, their developmental vulnerability, and the relational context of early trauma given young children's dependence on caregivers—also are discussed. Principles of assessment and treatment are then described. These discussions emphasize the importance of normalizing traumatic responses, supporting the parent-child relationship and restoring trust, desensitizing the child's distress to traumatic reminders, helping the child and parents to process and develop a meaningful narrative of the traumatic event through expressive therapeutic techniques, and promoting effective strategies of restoration and repair.

PMID: 19486841 [PubMed - indexed for MEDLINE]


Executive function performance and trauma exposure in a community sample of children.

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OBJECTIVE: Though children exposed to familial violence are reported to have difficulties with a range of emotional and behavioral problems (e.g., lower school achievement) that implicate executive function (EF) deficits, relatively little research has specifically examined EF as a function of trauma exposure in children. METHODS: Based on parent report of children's exposure to potentially traumatic events, children (N=110; Age(Mean)=10.39) from an ethnically diverse community sample were compared across three trauma-exposure groups: familial trauma, non-familial trauma, and no trauma. Children completed a battery of tests to assess working memory, behavioral inhibition, processing speed, auditory attention, and interference control. RESULTS: Familial trauma (relative to non-familial and no trauma exposure) was associated with poorer performance on an EF composite (composed of working memory, inhibition, auditory attention, and processing speed tasks); the effect size was medium. Both trauma-exposure status and dissociation symptoms explained unique variance in EF performance after controlling for anxiety symptoms, socio-economic status, and potential traumatic brain injury. While IQ and EF performance were related, SES predicted unique variance in IQ (and not EF) scores, while familial-trauma exposure did not. CONCLUSIONS: The contribution of trauma exposure to basic executive functioning held after taking into account symptoms (anxiety and dissociation), socio-economic status, and possible traumatic brain injury exposure. EF problems may provide one route via which maltreated children become at risk for peer, academic, and behavior problems relative to their peers. PRACTICE IMPLICATIONS: EF problems may provide one route via which maltreated children become at risk for peer, academic, psychological, and behavior problems relative to their peers. Recently, intervention strategies have emerged in the anxiety and mood disorder treatment literatures that appear to effectively target EFs. As future research continues to specify the relationship between child trauma exposure and EF performance, these innovative treatments may have important practice implications for addressing EF deficits.
A systematic review of published research on children's psychological outcomes following Pediatric Intensive Care Unit (PICU) hospitalization was conducted. Of the 275 papers published between 1970 and April 2008 which were identified using keywords, reference lists and one author's collections, a total of 28 papers met the inclusion criteria for this review. The papers fell into four categories based on the focus of the research: (1) children's PICU perceptions and recall; (2) children's psychological outcomes, broadly defined; (3) post-traumatic stress responses; and (4) general health status and quality of life. The findings suggest that PICU hospitalization can result in negative psychological sequelae in children, which can manifest themselves up to one year post-discharge. While a small number of studies have attempted to identify predictors of psychological outcome, this work remains in its infancy. The importance of the child's interpretation of the illness experience in influencing subsequent behavioral and emotional responses is highlighted.

PMID: 19458168 [PubMed - indexed for MEDLINE]

This article reviews empirical support for treatments targeting women sexually assaulted during adolescence or adulthood. Thirty-two articles were located using data from 20 separate samples. Of the 20 samples, 12 targeted victims with chronic symptoms, three focused on the acute period post-assault, two included women with chronic and acute symptoms, and three were secondary prevention programs. The majority of studies focus on posttraumatic stress disorder (PTSD), depression, and/or anxiety as treatment targets. Cognitive Processing Therapy and Prolonged Exposure have garnered the most support with this population. Stress Inoculation Training and Eye Movement Desensitization and Reprocessing also show some efficacy. Of the four studies that compared active treatments, few differences were found. Overall, cognitive behavioral interventions lead to better PTSD outcomes than supportive counseling does. However, even in the strongest treatments more than one-third of women retain a PTSD diagnosis at post-treatment or drop out of treatment. Discussion highlights the paucity of research in this area, methodological limitations of examined studies, generalizability of findings, and important directions for future research at various stages of trauma recovery.

PMID: 19442425 [PubMed - indexed for MEDLINE]
Attention and memory in school-age children surviving the terrorist attack in Beslan, Russia.

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Little is known about the impact of terrorism on children's cognitive functioning and school learning. The primary purpose of this study was to report on cognitive functioning among school-age children 20 months after a terrorist attack against their school. Participants included 203 directly and indirectly exposed children from Beslan and 100 nonexposed children from another town of the Russian Federation. All children were tested using nonverbal neuropsychological measures of attention, memory, and visual-spatial performance. Predisaster traumatic events and terrorism-related exposure factors were evaluated. Findings revealed that overall, directly and indirectly exposed children performed significantly less well than controls in all domains. In addition, direct exposure and loss of a family member were associated with poor memory performance.

PMID: 19437300 [PubMed - indexed for MEDLINE]

Poor maternal mental health and trauma as risk factors for a short interpregnancy interval among adolescent mothers.

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PMID: 19383021 [PubMed - indexed for MEDLINE]

The relationship between acute stress disorder and posttraumatic stress disorder in the neonatal intensive care unit.

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BACKGROUND: Having an infant hospitalized in the neonatal intensive care unit (NICU) is a highly stressful event for parents. Researchers have proposed posttraumatic stress disorder (PTSD) as a model to explain the psychological reaction of parents to their NICU experience. OBJECTIVE: The authors sought to examine the prevalence of PTSD in parents 4 months after the birth of their premature or sick infants and the relationship of PTSD and symptoms of acute stress disorder (ASD) immediately after their infant's birth. METHOD: Eighteen parents completed a self-report measure of ASD at baseline in addition to self-report measures of PTSD and depression at a 4-month follow-up assessment. RESULTS: In the sample, 33% of fathers and 9% of mothers met criteria for PTSD. ASD symptoms were significantly correlated with both PTSD and depression. Fathers showed a more delayed onset in their PTSD symptoms, but, by 4 months, were at even greater risk than mothers. DISCUSSION: The relatively high levels of psychological distress experienced by parents coupled with the potential negative outcomes on the parent and infant suggest that it is important to try to prepare parents for the expected psychological reactions that may occur in the event of a
NICU hospitalization and also to support parents during the transition to home care.

PMID: 19377021 [PubMed - indexed for MEDLINE]

Shared or discordant grief in couples 2-6 years after the death of their premature baby: effects on suffering and posttraumatic growth.

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BACKGROUND: The loss of a baby causes severe short- and long-term distress to parents and their marital relationship, but little is known about how this distress is shared between spouses. The authors hypothesized that the grief-related concordance within a couple 2 to 6 years after the loss of a premature baby could be an indicator of shared emotional distress within a couple. OBJECTIVE: The authors investigated the long-term grief experience among couples. METHOD: A group of 44 parents (22 couples) were assessed by questionnaire regarding grief, suffering, posttraumatic growth, and affective symptoms, and semistructured interviews with 6 couples added qualitative information about processes within couples. RESULTS: The extent of grief concordance was found to be related to different patterns of suffering and posttraumatic growth within couples. CONCLUSION: The emotional exchange between partners after the loss of the child appears to be crucial for a process of concordant grief, which in turn is associated with a more synchronous process of individual posttraumatic growth.

PMID: 19377020 [PubMed - indexed for MEDLINE]

Post-traumatic stress symptoms in mothers of very low birth weight infants 2-3 years post-partum.

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We examined symptoms of post-traumatic stress disorder (PTSD) in mothers of very low birth weight (VLBW) infants 2-3 years post-partum, compared with mothers of term, normal weight infants. Mothers were asked to report current symptoms relating specifically to the birth of their infant using The Impact of Event Scale-Revised (IES-R). Mothers of VLBW infants recorded significantly higher levels of PTSD symptoms overall (median scores: VLBW 25 [range 2-82], versus controls: 0 [range 0-5], P < 0.001), and in all sub-categories (p < 0.001). These findings suggest that mothers of VLBW infants have a relatively high prevalence of symptoms of PTSD at 2-3 years postnatal.

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Comment in:

Post-traumatic growth in parents after a child's admission to intensive care:
maybe Nietzsche was right?

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OBJECTIVE: The aim of this prospective study was to establish the degree to which parents report post-traumatic growth after the intensive care treatment of their child. DESIGN: Prospective cross-sectional cohort study. SETTING: Paediatric Intensive Care Unit (PICU). SUBJECTS: A total of 50 parents of children, admitted to PICU for >12 h. MEASUREMENTS AND RESULTS: Parents provided stress ratings as their child was discharged from PICU and, 4 months later, completed postal questionnaires rating their anxiety, depression, post-traumatic stress and post-traumatic growth. As much as 44 parents (88%) indicated on the Posttraumatic Growth Inventory (PTGI) [1] that they had experienced a positive change to a great degree as a result of their experiences in PICU. Parents of children who were ventilated (P = 0.024) reported statistically higher post-traumatic growth as did parents of older children (P = 0.032). PTGI scores were positively correlated with post-traumatic stress scores at 4 months (P = 0.021), but on closer inspection this relationship was found to be curvilinear. CONCLUSIONS: Post-traumatic growth emerged as a salient concept for this population. It was more strongly associated with moderate levels of post-traumatic stress, than high or low levels.

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Very few studies have prospectively examined sex differences in posttraumatic stress symptoms and symptom trajectories in youth victimized by childhood sexual abuse. This study addresses that question in a relatively large sample of children, drawn from the National Survey of Child and Adolescent Well-Being, who were between the ages of 8-16 years and who were reported to Child Protective Services for alleged sexual abuse. Sex differences were examined using t tests, logistic regression, and latent trajectory modeling. Results revealed that there were not sex differences in victims' posttraumatic stress symptoms or trajectories. Whereas caseworkers substantiated girls' abuse at higher rates than boys' abuse and rated girls significantly higher than boys on level of harm, there were not sex differences in three more objective measures of abuse severity characteristics. Overall, higher caseworker ratings of harm predicted higher initial posttraumatic stress symptom levels, and substantiation status predicted shallower decreases in trauma symptoms over time. Implications for theory and intervention are discussed.

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Impact of early childhood adversities on adult psychiatric disorders: a study of international adoptees.

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BACKGROUND: This study investigated international adoptees who were taken out of their problematic environments as a consequence of their adoption to determine the effects of early adversities on adult psychiatric disorders, and to study whether these effects emerged de novo after childhood. METHODS: A total of 1,364 adoptees (63.5% of the baseline sample) were followed. Parents provided information about early adversities prior to adoption, and mental health problems in childhood and adolescence. In adulthood, adoptees completed a standardized interview, generating DSM-IV diagnoses. RESULTS: Children who experienced multiple adversities had an increased risk of having anxiety disorders (OR = 2.22; 95% CI: 1.11-4.45), mood disorders (OR = 2.20; 95% CI: 1.00-4.86) or substance abuse/dependence (OR = 3.81; 95% CI: 1.62-8.98) in adulthood. Several effects remained significant after correction for mental health problems in childhood and adolescence. CONCLUSIONS: Severe early adversities increase the risk of adult psychopathology, even when children are taken out of their problematic environments. Results suggest that psychiatric disorders may arise de novo after childhood due to early experiences.

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Substance use and functional impairment among adolescents directly exposed to the 2001 World Trade Center attacks.

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The relationship between exposure to the World Trade Center (WTC) attacks, increased substance use, functional impairment and mental health service use, controlling for depression and post-traumatic stress disorder, was assessed through an in-school survey of directly exposed students (N = 1040) attending the five middle and five high schools nearest the WTC. The survey was conducted 18 months after the attacks. Students with one WTC exposure risk factor had a five-fold increase in substance use, while those with three or more exposure risks had a nearly 19-fold increase. Increased substance use was associated with impaired school work, school behaviour and grades. Students reporting increased substance use were nearly twice as likely to want help but were no more likely than asymptomatic students to receive services. Adolescents reporting increased substance use, without co-morbidity, were less likely to receive psychological services than others. Attention to the needs of substance-using adolescents exposed to disaster is needed.

PMID: 19178553 [PubMed - indexed for MEDLINE]

Trauma-related risk factors for substance abuse among male versus female young adults.
Clinical efforts to reduce risk for Substance Use Disorders (SUDs) among young adults rely on the empirical identification of risk factors for addictive behaviors in this population. Exposure to traumatic events and Posttraumatic Stress Disorder (PTSD) have been linked with SUDs in various populations. Emerging data, particularly from adolescent samples, suggest that traumatic event exposure increases risk for SUDs for young women, but not young men. The purpose of the current study was to examine trauma-related risk factors for alcohol and drug abuse among a national sample of young adults and compare such risk factors between men and women. Participants were 1753 young adults who participated in the 7-8 year follow-up telephone-based survey to the original National Survey of Adolescents. In the full sample, 29.1% met criteria for substance abuse. Trauma-related risk factors for alcohol and drug abuse differed for men and women. Clinical implications of these results are discussed.

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The association between alcohol dependence and suicidal behaviour is well established and patients with suicidal behaviour in treatment for alcohol dependence present a considerable challenge for clinical services. The aim of this study is to identify risk factors for suicide attempts and to evaluate the outcome of treatment in patients in treatment for alcohol dependence. Semi-structured, detailed interviews were administered at baseline and at three sequential follow-up interviews with a large sample of 1692 patients at an outpatient treatment centre in the county of Funen in Denmark. Characteristics of, predictors for and outcome among suicidal patients were studied. Alcohol-dependent patients with a history of suicide attempts were found to constitute a highly selected group in alcohol abuse treatment as they often had a more severe course of alcohol dependence, were unemployed, younger, were more often poorly educated, and had more physical and psychiatric problems. Traumatic childhood experience related to physical or sexual abuse was found as a major predictor for suicidal behaviour among alcohol-dependent patients. We found no significant difference in the effect of treatment in patients with and without suicidal behaviour. These results support the hypothesis that alcohol-dependent patients with a history of suicide attempts are a selected group in respect to a number of demographical and psychosocial factors, but we found no difference in the outcome of treatment. This may imply that suicidal patients in treatment for alcohol abuse are treated effectively within the present treatment settings.

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Psychosocial predictors of chronic Post-Traumatic Stress Disorder in Sri Lankan tsunami survivors.

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This study aimed to determine whether psychological factors associated with Post-Traumatic Stress Disorder (PTSD) identified in Western samples generalize to low Social-Economical-Status (SES) populations in an underdeveloped Asian country. The study included 113 survivors of the 2004-tsunami on the south coast of Sri Lanka, recruited from 4 preschools and 10 villages for displaced persons. With logistic regressions the relations between interview-based PTSD diagnosis and psychological factors were assessed, controlling for putative confounders. Fifteen months post-trauma the prevalence of PTSD was 52.2%. Multivariate analyses indicated that negative interpretation of tsunami-memories was significantly (P<0.005) related to PTSD. Of the putative confounders, gender and (non-replaced) lost work equipment were related to current PTSD (P<0.05). The results indicate that the relation between negative interpretation of trauma memories and PTSD is quite universal, suggesting that interventions focusing on this factor may be important in treatment of tsunami survivors who are suffering from chronic PTSD.

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A randomised controlled trial of the effectiveness of writing as a self-help intervention for traumatic injury patients at risk of developing post-traumatic stress disorder.

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The study investigated the effects of writing and self-help information on severity of psychological symptoms in traumatic injury patients at risk for developing post-traumatic stress disorder (PTSD). Patients attending Accident and Emergency (A & E), were screened for Acute Stress Disorder and randomised to an information control group (n=36) or a writing and information group (n=31). Participants in both groups received an information booklet one-month post-injury. Participants in the writing group also wrote about emotional aspects of their trauma during three 20-min sessions, five to six weeks post-injury. Psychological assessments were completed within one month and at three and six months post-injury. There were significant improvements on measures of anxiety, depression and PTSD over time. Differences between groups on these measures were not statistically significant. However, subjective ratings of the usefulness of writing were high. In conclusion, the results do not currently support the use of writing as a targeted early intervention technique for traumatic injury patients at risk of developing PTSD.

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The purpose of the present study was to determine the psychological impact of wisdom teeth removal and to identify the psychological risk factors for the development of dental anxiety and post-traumatic stress symptoms. Participants were 34 consecutive elective patients referred for surgical removal of a wisdom tooth under local anesthesia. Frequency of previous distressing dental events and general traumatic life events were assessed at baseline (t1), and emotional distress (pain, state anxiety and disturbance) immediately after treatment (t2). Post-traumatic stress responses were determined three days after treatment (t3), and at four weeks follow-up (t4), while severity of dental trait anxiety was assessed at t1 and at t4. Two patients (8%) met screening criteria for Post-Traumatic Stress Disorder (PTSD) at t4. Multivariate analysis revealed that previous exposure to distressing dental events and pre-operative anxiety level predicted anxiety level at t4, accounting for 71% of the variance. Severity of pain during treatment was a significant predictor variable of PTSD symptom severity at t4 (25% explained variance). The findings underline the importance of pain-free treatments and awareness of patients’ individual predisposition to anxiety or trauma-related symptoms to reduce the risk of iatrogenic psychological harm.

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